

ID	Cat	Question	Response	New																																																		
C-12	Clinic Flow	How will <b>off-site clinics</b> be handled?	<p>As noted in FAQ T-5 (see “complete FAQs” document), we will use laptops with either wireless connectivity or files downloaded to the laptop, with the laptop “synched” with Ceres upon return to the DO.</p> <p>The MIS and EBT contractors are giving us “checklists” of what equipment will be needed for in office and off-site locations. We will assess what we currently have, and come up with a “gap list.” There is a Hardware Plan describing how necessary equipment will be procured to make sure each location is fitted out. DO WIC staff will be engaged in any “redesigns” of clinic workspaces (in office and off-site) for optimum certification appointment flow.</p>																																																			
C-13	Clinic Flow	<p><b>How will we know who saw the client at an appointment?</b></p> <p>This is related to our goal of trying to have the same person see the women for each appointment.</p>	<p>When WIC staff log in to Ceres to handle an appointment, that staff member’s activity is identified with the action taken, within the Ceres system. Thus, anyone checking the participant’s record (for example, the record of a pregnancy appointment) can see which staff person saw that participant before.</p> <p>For example, here’s what the “History” for participant Emily Wilson looks like.(This is from the demo site for WY WIC that we have access to. This display is reached starting with a search query for Ms. Wilson’s file. Another click and you get this:</p>																																																			
<div style="border: 1px solid black; padding: 5px;"> <p><b>Emily Wilson      1 - 1 NATRONA COUNTY WIC CLINIC</b></p> <p>Appointment History</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="10">Appointment History</th> </tr> <tr> <th>Date Time</th> <th>Person ID</th> <th>Participant Name</th> <th>Category</th> <th>Appt. Type</th> <th>Appt. Status</th> <th>Resch. Reason</th> <th>Column</th> <th>LA-Clinic</th> <th></th> </tr> </thead> <tbody> <tr> <td><a href="#">08/16/2013 02:00 PM</a></td> <td>100</td> <td>Emily Wilson</td> <td>Pregnant</td> <td>WIC Appointment...</td> <td>Scheduled</td> <td></td> <td>Ann Green</td> <td>1-1</td> <td></td> </tr> <tr> <td><a href="#">08/13/2013 01:00 PM</a></td> <td>100</td> <td>Emily Wilson</td> <td>Pregnant</td> <td>WIC Appointment...</td> <td>Rescheduled</td> <td>customer request</td> <td>Emily Roespch</td> <td>1-1</td> <td></td> </tr> <tr> <td><a href="#">05/03/2012 10:45 AM</a></td> <td>100</td> <td>Emily Wilson</td> <td>Pregnant</td> <td>WIC Appointment...</td> <td>Scheduled</td> <td></td> <td>CPA 1</td> <td>1-1</td> <td></td> </tr> </tbody> </table> </div> <p>The column in this screenshot titled “Column” shows with whom Ms. Wilson was scheduled for her appointments.</p> <p>(NOTE: While the specific look and action of Ceres may be different, this is provided as an example.)</p>					Appointment History										Date Time	Person ID	Participant Name	Category	Appt. Type	Appt. Status	Resch. Reason	Column	LA-Clinic		<a href="#">08/16/2013 02:00 PM</a>	100	Emily Wilson	Pregnant	WIC Appointment...	Scheduled		Ann Green	1-1		<a href="#">08/13/2013 01:00 PM</a>	100	Emily Wilson	Pregnant	WIC Appointment...	Rescheduled	customer request	Emily Roespch	1-1		<a href="#">05/03/2012 10:45 AM</a>	100	Emily Wilson	Pregnant	WIC Appointment...	Scheduled		CPA 1	1-1	
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C-14	Clinic Flow	Who will be able to process the “ <b>clinic activity reports?</b> ”	We have a subproject to figure out the roles of each type of staff, and when we get to that point, district office staff will be involved in helping us decide what makes sense. We do plan to train all staff on the reporting function, even if they will not all be running reports on a routine basis.																																																			
C-15	Clinic Flow	<p>Will <b>recertification lists</b> still come central office? Will they be sent to us for nutrition recalls?</p> <p>Also, how will we <b>schedule the nutrition recalls</b> between</p>	<p>Another great thing about Ceres is how it will “empower” the District Office by automating production of these kinds of reports, on demand. This means that authorized personnel will be able to produce these reports at the District Office level, whenever they are needed.</p> <p><b>To see a demonstration of the powerful reporting functions in Ceres</b>, look at the mini-demo posted on the RCN Resources website: Ceres Demonstrations. The URL for the page is:</p>																																																			

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		certifications?	<p><a href="http://healthvermont.gov/wic/RCNResources.aspx#Resource_Ceres_Demo">http://healthvermont.gov/wic/RCNResources.aspx#Resource_Ceres_Demo</a></p> <p>Scroll to the bottom and choose “Run Reports.”</p> <p>Our “subproject” looking at how Ceres will impact clinic flow will reveal to us our options on how we could set up appointments and reminders. This is the planning and design we need to do during the next 18 months, and which we will “test” during the pilot in 2015. (And this is why we can’t implement Ceres overnight!)</p>	
C-16	Clinic Flow	<p>Will every WIC room be completely set up with the <b>necessary equipment</b> including the front office clerical offices and away WIC clinic sites?</p> <p>Regarding “<b>Clinic enablement plans</b>” will testing of the plans include clerical, in office and away clinic sites?</p>	<p>The MIS and EBT contractors are giving us “checklists” of what equipment will be needed for each location – office (clerical AND clinic) and off-site. We will assess what each location currently has, and come up with a “gap list.” There is a Hardware Plan describing how necessary equipment will be procured to make sure each location is fitted out. DO staff will be engaged in any “redesigns” of all workspaces (in office and off-site) for optimum certification appointment flow, and these will be “tested” prior to and during pilot of the system. Each DO will implement and test their layouts prior to roll-out in their DO.</p> <p>(BTW, we have scheduled a two-week roll-out period for each DO. These roll-outs are on a “rolling” schedule, so each DO will have the full attention and support of contractors and implementation staff from the state office during your own roll-out period.)</p> <p>For more about off-site clinics, see also FAQ C-12 and T-5.</p>	
C-17	Clinic Flow	<p>Presently, <b>certain certifiers are much quicker with WIC families than others</b> which will impact the WIC clinic flow a lot more with the newer system due to them also having to input data into the computers during the appointments.</p>	<p>First, the time certifiers now spend looking through paper files and making written notes will end, saving everyone a lot of time during appointments.</p> <p>Second, entering certification data into Ceres is mostly through the use of “drop down” menus, check boxes, etc. Everything related to the certification is in one place, on screen. There are no separate paper forms to find, fill out and organize. (See FAQ T-19 starting on page 4 for screen shots of some parts of the certification interview.)</p> <p>While there is some “input” required for such items as participant responses to open-ended questions, certifiers are now writing those answers in long hand notes on paper – a time consuming task. With Ceres, the same task is done by typing instead.</p> <p>We have suggestions for “brushing up” on typing skills in FAQ S-2, and we encourage DOs and staff to discuss how <u>everyone</u> should be preparing now to brush up those skills to make it easier once everyone is using Ceres.</p> <p>Finally, the system we are implementing was selected in part because it is easy to use by anyone already using email, calendar, online purchasing, etc. Please take a few minutes to watch the brief (2 min) “Mini-Demos” we’ve prepared of the Ceres system. These are short Powerpoint presentations that show the screens and how many functions are performed (e.g. issuing a VOC, plotting growth charts.) You can click and view these at:  <a href="http://healthvermont.gov/wic/RCNResources.aspx#Resource_Ceres_Demo">http://healthvermont.gov/wic/RCNResources.aspx#Resource_Ceres_Demo</a></p>	

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F-11	Food List	Has any decision been made yet on the <b>“special formulas”</b> yet?	Families will be able to use their card to purchase many of the formulas we now consider “special” but that are available in regular grocery stores. These include formulas such as Gentlease, Spit-up, Fussiness & Gas, Pediasure, Nutramigen, and Alimentum. For the really special items, we haven’t decided yet whether we should continue our district office pickup system, join a group of WIC states that has a contract for direct shipping these formulas to families or special ordering the items through major grocery chain pharmacies for families to pick up with their EBT card.	
S-10	Staff	How will we deal with <b>the new three month 2<sup>nd</sup> nutrition contacts, and the impact on our staffing levels.</b>  Will more Health Outreach Specialists or Nurses be hired or will the staff roles be redefined ?	See FAQ C-3 (in the “complete FAQ” document). Certifications are still six months; we expect the time saved by no longer dealing with PODs and other paperwork during certification will allow a better use of existing staff and their time on nutrition recalls and education.  See also FAQ C-4 (in the “complete FAQ” document) regarding use of wichealth.org site for nutrition recalls. We haven’t decided yet how we might use this resource to help with second nutrition contacts.	
S-9	Staff	Are all WIC staff going to be <b>cross trained</b> to perform each and every process in the new system?	We have “subprojects” devoted specifically to planning for: <ul style="list-style-type: none"> <li>• Clinic/Office Flow</li> <li>• Staff Roles and Responsibilities</li> <li>• Staff Training</li> </ul> <p>These studies and plans build upon each other. That is, we first need to learn about Ceres’ impact on office and clinic flow. Then figure out impact on staff roles and responsibilities, and how offices/clinics will operate and be staffed. Then, make sure the training prepares the staff to full their responsibilities.</p> <p>Ceres functions will be accessible to staff according to the permissions relating to their duties. Staff will be trained for all functions for which they are eligible. That is what our studying and planning will determine. Obviously <b>we want to allow staff to be able to do as many tasks as they are qualified to perform</b>, to create redundancy (cross coverage of duties), efficiency (not waiting for someone to have the time to do the process only they can do) and also to empower WIC staff to help participants as much as possible.</p> <p>Ceres automates virtually <u>all</u> of the processes needed to run a WIC office. Therefore, it will be significantly easier and faster to do the work that is done now, without requiring more staff, and allowing existing staff to better and more quickly serve WIC participants.</p>	
T-18	Technology	<b>How will staff be held accountable for their own WIC data?</b> Will everyone have their own assigned codes so we can tell who processed and entered what?	Every Ceres user will have a user ID and name in the system. Ceres creates an audit trail, using the log in from each staff person, creating an record of who does what – who created a record as well as who last modified the record. If data integrity becomes a problem, finding out who needs more training and support will be possible.  See also FAQ T-19.	

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**T-19** Technology Will the new system have more blocks so it doesn't accept **incorrect data** – such as timeframes connected with dates of birth, or other data)?

Yes, Ceres has built in “data validation” for important data elements. Error messages will alert staff to the problem.

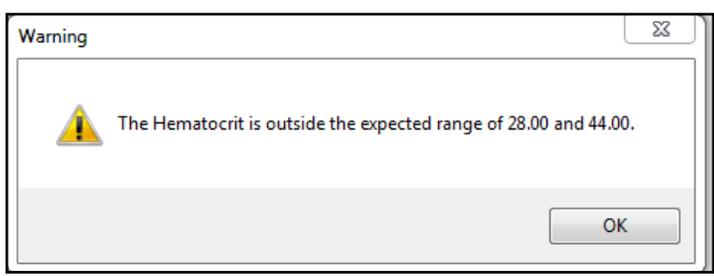
Here's a screen shot from me entering erroneous hemoglobin and hematocrit results for participant Emily Wilson in the “Blood Work” screen:



....Immediately these error codes appeared on my screen.

Error Code	
9013	Hemoglobin must be greater than or equal to 6.00 and less than or equal to 18.50.
9013	Hematocrit must be greater than or equal to 21.00 and less than or equal to 52.00.

When I “corrected” the Hematocrit to 25, the warning below popped up. This tells me that either I entered erroneous number, or flags me that this may be a risk factor.



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		<p>In addition to error notices for data entry errors, Ceres uses drop-down menus and check boxes to ensure correct data. Below is the Risk determination screen. See below how easy it is to complete the assessed risks by selecting from the list on the left, and adding it to the box on the right. No errors can be made in the risk ID number, or naming of the risk.</p>		
		<p>Also, note that when I clicked on the button “Determine Risk” (circled in black) that “201 – Low Hematocrit/Low Hemoglobin” was <u>automatically entered</u> in the Assigned Risks box because low hematocrit was entered in the Blood Work measures screen! Any time a measure that triggers a risk is entered in other Ceres screens, those risks will be presented on this screen when “Determine Risk” is selected. Additional risks can also be assigned here. This automation prevents a lot of errors, when data has to be remembered, double entered or recorded.</p> <p><b>(NOTE: While the specific look and action of Ceres may be slightly different, this is provided as an example.)</b></p> <p>In the comprehensive training for WIC staff, you will get to “try out” all of these functions in “mock certifications.”</p>		